

CITY OF TEMPE

Temporary Employment Opportunity



Police Department • Criminal Investigations Bureau • 120 E. 5 St., Tempe, AZ 85281 • (480) 350-8460 • TDD 480/350-8400

School Resource Officer

(City of Tempe / Police Department / Criminal Investigations Bureau)

Opening Date:	December 3, 2014
Closing Date:	Open until the needs of the city are met. First review of applications will occur on Monday, February 16, 2015.
Hourly Wage:	\$36.87 per hour
Work Hours:	Monday – Friday, 07:00 AM – 3:00 PM. Other hours will be worked at the needs of the department.

This is a temporary non-benefitted position. You must be a sworn, AzPOST certified police officer in order to participate in this process.

Experience & Training:

- Provide outstanding customer services.
- Communicate clearly and concisely, both orally and in writing.
- Be able to work in a team environment to accomplish tasks.
- Establish and maintain cooperative working relationships with the public and coworkers.
- Perform routine law enforcement work and multitask assignments.
- Understand and carry out oral and written directions.

Licenses/Certifications:

- Candidate must possess a valid Arizona driver license.

Essential Job Functions:

- Provide a law enforcement presence and response on and around the school campus.
- Ability to work with minimal supervision.
- Take enforcement action as needed and/or required.
- Provide required hours of Law Related Education (LRE) per the School Safety Program.
- Conduct investigations involving juvenile offenders.
- Assist field officers in juvenile cases and maintaining liaison with other agencies and organizations involved in juvenile matters.
- Provide a visible deterrence to crime while presenting a positive impression of a law enforcement officer.
- Establish liaison with school administrators, staff, students and parents.
- Successfully complete training to maintain AzPOST certification and other departmental mandated training.

- Successfully complete training to maintain compliance with the Arizona School Safety Grant requirements.
- Special projects as assigned by the chain of command.
- Other varied duties.

Applicant Requirement:

Applicants are required to successfully completion a selection process to include a background investigation, polygraph examination, psychological evaluation, drug testing and verification of identity and work authorization. Applicants are required to have a current AzPOST Law Enforcement Certification and the ability to maintain certification through department approved training. **Please review the automatic and discretionary disqualifiers in the “SRO AzPOST Background Questionnaire Coversheet” before applying for this position.**

Submit application to:

**TEMPE POLICE DEPARTMENT
ATTN: SERGEANT JOEY BRUDNOCK
120 E 5 ST
TEMPE, AZ 85281**

For questions, please contact:

**Sergeant Joey Brudnock, Juvenile Unit
(480) 858-6174
joey_brudnock@tempe.gov**

and/or

**Lieutenant Kerby Rapp, Criminal Investigations
(480) 350-8660
kerby_rapp@tempe.gov**

An equal opportunity/reasonable accommodation employer



City of Tempe / Application for Employment

APPLY AT: City of Tempe / Police Department / 120 E. 5th Street / Tempe AZ 85281 /
(480) 350-8460 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly. Sign this application and all other forms. Applications must be received by Human Resources no later than 5:00 p.m. on the closing date.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Last 4 Digits of Social Security #: _____ Email Address: _____
4. Mailing Address: _____
Street City State Zip
5. Phone Number: BEST CONTACT # _____ ALTERNATE #: _____
6. Valid Driver's License ☐ Yes ☐ No
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? ☐ Yes ☐ No
8. Have you ever worked for the City of Tempe? ☐ Yes ☐ No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: ☐ Temporary? ☐ Regular?
Have you completed your initial probationary period? ☐ Yes ☐ No If yes, when _____
9. Type of position you will accept: ☐ Full Time ☐ Part Time ☐ Regular ☐ Temporary
10. Do you have a High School Diploma or equivalent? ☐ Yes ☐ No If no, highest grade completed: _____
11. May we contact your current employer if you are considered for hire/promotion? ☐ Yes ☐ No

If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at time of application.

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐

HR Review ☐ _____ Date _____ Department Review ☐ _____ Date _____

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

12. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

15. Special training ***that relates to this position:***

--

16. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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17. List equipment with which you are proficient in operating ***that relate to this position:***

--

18. Language Proficiency (Other than English):

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You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years or any additional relevant experience. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" OR "SEE ATTACHED" IN THE SPACES BELOW.

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

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Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

19. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee?

☐ Yes ☐ No If Yes, indicate his/her Name, Position and Relationship to you:

20. Have you ever been terminated for cause or forced to resign from a position for misconduct or unsatisfactory service?

☐ Yes ☐ No If Yes, please explain:

21. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

☐ Yes ☐ No If Yes, provide charges, dates and locations:

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered. Please answer this question completely. All offers of employment and continued employment are subject to a complete review of any criminal convictions. Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI).

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from city service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Print Applicant's Name: _____

Applicant Signature: _____ Date: _____

The City of Tempe does not accept faxed or emailed copies of applications.

Tempe Police Department

AzPOST Background Questionnaire Coversheet

All submitted forms must be placed in an envelope or securely attached to each other. Loose forms may render your application incomplete.

This page and page ii are to be completed and attached to the front of the "Arizona Peace Officer Standards and Training Board Statement of Personal History and Application for Certification" (also referred to as the "AzPOST Background Questionnaire" herein). This form and the completed AzPOST Background Questionnaire with all attachments must be submitted to complete your application. You must follow these directions when completing the "AzPOST Background Questionnaire."

- A. Read the questionnaire carefully, complete it fully and have it notarized on the "Authorization for Release of Information" page. Refer to the "AzPOST Background Questionnaire Checklist" (Page iii) for additional requirements.
- B. The AzPOST Background Questionnaire must be typed or printed in black ink. If the space allowed for answering a question is insufficient, the answer should be supplemented on a "Continuation Sheet" provided in the AzPOST Background Questionnaire.
- C. Do not leave any question unanswered. If the question does not apply to you, type or print **"DNA"** in the space provided. All questions must be answered before the questionnaire is submitted. Incomplete forms may not be accepted at any phase of the process and render your application incomplete.
- D. Information provided in the application and AzPOST Background Questionnaire will be verified during the background investigation. Any misstatements or omissions of material facts will cause your disqualification from this process. It is a criminal offense to falsify documents submitted during the application and testing process.
- E. In addition to completing this questionnaire, you must attach a recent photo of yourself in the space provided below. The photograph should be taken from the front with face exposure.

***** Failure to comply with any of these instructions will result in your disqualification from the hiring process. *****

Your signature certifies you read and understand these instructions.

Applicant's Signature

Applicant's Printed Name

Applicant's Date of Birth (mm/dd/yyyy)

Applicant's Email Address

Applicant's Best Contact Phone Number

**YOUR PHOTO
MUST BE SECURELY
ATTACHED HERE AND
SHOULD FIT IN THIS BOX.
DO NOT PAPERCLIP
PHOTOS.**

Automatic & Discretionary Disqualifiers

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS WILL DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions.
Please read and answer the following automatic disqualifiers:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sold, produced, cultivated or transported marijuana, narcotics or dangerous drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lied during any stage of the hiring process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you falsified your questionnaire or application?

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review, make you ineligible to become an employee of the Tempe Police Department.
Please read and answer the following discretionary disqualifiers:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever abused prescription medication and/or FDA approved over-the-counter preparations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any type of illegal drugs or narcotics before the age of 18 years? <i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any type of illegal drugs or narcotics after the age of 18 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in unlawful sexual misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had excessive traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in the commission of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a discharge from the United States armed forces that was other than an honorable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you demonstrated an unwillingness to honor fiscal contracts or just debts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had your Arizona driver license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver license or received a suspended driver license from another state as a result of similar circumstances?

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances or details as part of the background questionnaire and the thorough background investigation and polygraph examination phases of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's Signature

Date

Applicant Checklist

This page is for your reference and does not need to be submitted with the “AzPOST Background Questionnaire Coversheet” (page i), the disqualifier form (page ii) and “Arizona Peace Officer Standards and Training Board Statement of Personal History and Application for Certification” (also referred to as the “AzPOST Background Questionnaire” herein). You **must** provide the completed AzPOST Background Questionnaire Coversheet, the disqualifier form and the completed AzPOST Background Questionnaire with the items listed below when you submit your application.*

***** Failure to comply with any of these instructions will result in your disqualification from the hiring process. *****

☐ Proof of Citizenship

MUST be one of the following:

- A **COPY** of your birth certificate showing birth in the United States.
 - Original will be accepted but not returned.
- A **COPY** of your United States passport.
 - Original **will not** be accepted.
- A **COPY** of your United States Certificate of Naturalization.
 - Original will be accepted but not returned.
- Military Records (e.g. DD 214) **will not** be accepted as proof of citizenship.

☐ High School Diploma or GED Equivalent

MUST be one of the following:

- A **COPY** of your high school diploma or GED.
 - Original will be accepted but not returned.
- A **COPY** of your high school transcripts.
- College transcripts **will not** be accepted as proof of a high school completion.

☐ Completed Background Forms

AzPOST Background Questionnaire Coversheet attached to the front of the completed AzPOST Background Questionnaire.

Ensure all questions and the entire packet is complete, including but not limited to:

- Your photograph is attached where indicated.
- All signatures where indicated.
- Notarized signature on the “Authorization for Release of Information” form.
- Member 4 copy of your DD 214 (if applicable).

*** Though applicants must be current AzPOST certified police officers, AzPOST still requires the above items to be submitted as part of this application process.**



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING.**

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. §§ 13-2704, 13-2907.01 AND 39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, (print name)
corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city,
county, state and federal entities to release, furnish and exchange any and all available information relating to me for
the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not
limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation,
conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency)
_____. This release is in addition to, and not
(print agency name)
intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any
and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This: Day of

By:

State of:

County of:

Signature of Notary Public:



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES.** Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle):			
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Place of Birth (City, State):	7. Social Security Number:	
8. List here any other names, DOB's or SSN's you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:	12. Work Telephone Number:	13. Cell/Mobile Number:	
14. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered: _____	Date Separated: _____
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
If NO list type of discharge/separation and explain on the Continuation Sheet.			
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
U.S. Citizen (Documentation in File)		High School Diploma/GED (Documentation in File)	
21 Years of Age		Military Service if applicable (Documentation in File)	

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.**
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Personal References Contacted and Results Documented

Residences and Family References Listed

21. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Beginning with the most recent):

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. **RESIDENCES:** List all residences during the past five years. Use the Continuation Sheet if necessary.

From	To	Street Address	City	State/County

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Employment Verified and Results Documented

Certificates or Degrees, Documentation in File

Residences Verified and Results Documented in File

24. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.				
Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. CIVIL ACTIONS List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):			
Date	Location	Action or Proceeding	Disposition/Court Action

26. CURRENT DRIVER'S LICENSE State: _____ Expiration Date: _____ Current Drivers License Number: _____	27. PREVIOUS DRIVER'S LICENSE INFORMATION List all states/countries where you have been licensed: _____ _____ _____
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28.	Have you ever had your Driver's License revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, provide a full explanation on the Continuation Sheet.
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29. MOTOR VEHICLE OPERATION: List all moving violations for which you were cited. Use the Continuation Sheet if necessary.				
Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Police Contacts Queried and Results Documented in Files		Civil Actions Queried and Results Documented in Files	
Motor Vehicle Records Queried and Results Documented in File			

30. ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:						
In this section, disclose all illegal drug use (or criminal involvement) that was <u>not</u> for the purpose of treating or alleviating the symptoms of a medical condition. Drug use for medical purposes will be disclosed in a different portion of the application process.						
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, <u>PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET.</u> INCLUDE, IF APPLICABLE, THE FOLLOWING: <div style="display: flex; justify-content: space-between;"> <div> a. How the drug was ingested or consumed, b. The duration of usage, c. The motivation for use, </div> <div> d. How the drug was obtained, e. Why you stopped using the drug, f. Any other factors you believe are relevant. </div> </div>	
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32. CRIMINAL CONDUCT: <div style="display: flex; justify-content: space-between;"> <div> a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet. </div> <div> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> </div>	
33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>	
34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information: <div style="text-align: center;">Name of Agency</div>	Dates of Employment <div style="display: flex; justify-content: space-between;"> From To </div>		<div style="text-align: center;">City</div>	<div style="text-align: center;">State</div>
a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.				
b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>				
c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>				
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES <input type="checkbox"/> NO <input type="checkbox"/>				
36. Have you applied with any other law enforcement agencies in the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information: <div style="text-align: center;">Name of Agency</div>	<div style="text-align: center;">Date of Application</div>		<div style="text-align: center;">Was Polygraph taken?</div>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
37. CERTIFICATION: I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.				
SIGNATURE OF APPLICANT: _____			DATE: _____	
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:	
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File		
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File		
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS		
Signature and Date Completed		Fingerprint Card Submitted - FBI		

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated.	(Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.		
Page 3	Agency Verification completed and results documented in file.		
Page 4	Agency Verification completed and results documented in file.		
Page 5	Agency Verification completed and results documented in file.		
Page 6	Agency Verification completed and results documented in file.		
Page 7	Agency Verification completed and results documented in file.		
Page 8	Agency Verification completed and results documented in file.		
Applicant meets minimum qualifications and documentation is complete and in file.			
Applicant does not meet minimum qualifications.			Application Process Terminated
Reason for Disqualification:			
Medical Examination completed and in file and applicant meets standards.			
Medical Examination completed and in file and applicant does not meet standards.			
ME and MH forms properly completed and in file.			
F.B.I./D.P.S. record checks completed and in file and no record found.			
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.			
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.			
NCIC/III/ACIC/ACCH records check completed and in file and no record found.			
NCIC/III/ACIC/ACCH records check completed and in file and record found.			
Polygraph completed and report in file and applicant passed.			
Polygraph completed and report in file and applicant failed.			
Applicant meets all requirements and may be employed.			
Applicant does not meet all requirements.			Application Process Terminated
Reason for Disqualification:			
AGENCY CERTIFICATION:			
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p>			
<p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p>			
<p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>			